Application Serial Number 10/736,901 Filing Date **DECEMBER 17, 2003** First Named Inventor BORIS MASLOV, ET AL. Group Art Unit **TRANSMITTAL** COLON, SANTANA E. Examiner Name **FORM** Attorney Docket No. 76897-018CIP4 Patent No. Not applicable Issue Date Not applicable ENCLOSURES (check all that apply) Request for Certificate of Fee Transmittal Form Copy of Notice to File Missing Parts of Application (PTO-1553) Correction ☐ Check Attached ☐ Certificate of Correction Copy of Fee Formal Drawing(s) (in duplicate) Transmittal Form П Notice of Appeal to Board Ø Amendment/Response П Request For Continued of Patent Appeals and Interferences Examination (RCE) Transmittal П Appeal Brief (in triplicate) Preliminary After Final Affidavits/declaration(s) Power of Attorney П Status Inquiry Letter to Official (Revocation of Prior Powers) Draftsperson Return Receipt Postcard including Drawings Terminal Disclaimer П Certificate of Facsimile [Total Sheets] Transmission under 37 C.F.R. 1.8 \boxtimes Petition for Extension of П Executed Declaration and Power Time (3 months) of Attorney for Utility or Design П Additional Enclosure(s) Patent Application (please identify below) П Information Disclosure П Small Entity Statement Statement Form PTO-1449 Copies of IDS CD(s) for large table or computer Citations program П Amendment After Allowance Certified Copy of Priority Document(s) Sequence Listing submission Paper Copy/CD Computer Readable Copy ☐ Statement verifying identity of above CORRESPONDENCE ADDRESS SIGNATURE BLOCK Direct all correspondence to: PATENT ADMINISTRATOR Respectfully submitted, Proskauer Rose LLP Date: June 28, 2007 1001 Pennsylvania Ave., N.W. Reg. No.: 38,708 Suite 400 Tel. No.: (202) 416-6800 Attorney for the Applicant(s) Washington, D.C. 2004 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899 Proskauer Rose LLP 1001 Pennsylvania Ave., N.W. Fax No.: (202) 416-6899 STEVEN W. ALLIS Reg. No. 50532 Suite 400 CUSTOMER NO: 61263

Washington, D.C. 20004

FEE TRANSMITTAL

FY 2007

Examiner Na					me COLON, SANTANA E.						
Confirmation											
METHOD OF PAYMENT						FEE CALCULATION (continued)					
Payment Enclosed:						4. ADDITIONAL FEES Large Small					
☐ Check ☐ Money Order ☒ Other						Small					
	Entity	Entity	Fee Des			Fee Paid					
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		130	65	Surcharge	- late filing fee o	or oath					
 ⊠ Required Fees (copy of this shed enclosed). Additional fee required under 37 CFR 1.16 and 									1.00		
1.17.						25	cover she	e - late provisiona et	i ming ice or		
Overpayment Credit.						130		ish specification			
☐ Applicant claims small entity status.						2,520		uest for ex parte re-examination			
FEE CALCULATION						60		Extension for reply within 1 st mo.			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						225		xtension for reply within 2 nd mo.			
Application Type	Filing	Search	Examination	Fee Paid	1,020	510	Extension	for reply within	3 rd mo.	\$1,020.00	
Utility	300	500	200		1.590	795		for reply within			
Design	200	100	130		2,160	1,080		for reply within	5th mo.		
Plant	200	300	160		500	250		Notice of Appeal			
Reissue	300	500	600		500	250		Filing a brief in support of an appeal Request for oral hearing			
Provisional	200	0	0		1,000	500		or oral nearing to the Director			
Small Entity Discount 1. TOTAL				-	180	180					
2. EXCESS CLAIM FEES Fee Small Entity					790	395		ng a submission after final			
Foc (\$)								(37 CFR 1.129(a)			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25											
Each independent claim over 3 or, for Reissues, 200 100						395		or each additional invention to be tamined (37 CFR 1.129(b))			
each independent claim more than in the original						100		Certificate of Correction for applicant's			
patent.						100	еттог				
Total Claims		Extra Claim	s	Fee Paid (\$)	130	65	Submissi	on of Terminal D	isclaimer		
- 20 or HP= x \$=											
HP = highest number of total claims paid for, if greater than 20						ee (Specify)					
Indep. Claims Extra Claims Fee Paid (\$)											
-3 or HP= x \$ -						e (Specify)					
HP = highest number of total claims paid for, if greater than 3								4.	TOTAL:	\$1,020.00	
Multiple Dependent Fee(\$) Small Entity fee (\$) Fee Paid (\$)											
Claims	360	1	80		1			TOT.	MOTOR	PUBLITTED	
			2. TOTAL:		1			IOIA		SUBMITTED	
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3. APPLICATION SIZE FEE						SIGNATURE BLOCK					
If the specification and drawing exceed 100 sheets of paper, the application size								D	bana issand		
fee due is \$250 (\$125 for small entity) for each additional sheets or fraction								Respectfully s	uomitteu,		
there of See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								(-,	10		
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			up to a		Reg. No.:	38,708	Ī	David W. Lau	Ŗ.		
-100= 0 /50= whole number x = 0.00						Tel. No.: (202) 416-6800 Attorney for the Applicant(s)					
			3. TOTAL:		Fax No.: (202) 416-6899 Proskauer Rose LLP						
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